

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2026
NAME OF PROVIDER OR SUPPLIER Legend Oaks Healthcare and Rehabilitation - Waxaha		STREET ADDRESS, CITY, STATE, ZIP CODE 151 Country Meadows Boulevard Waxahachie, TX 75165	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to incorporate the recommendations from the PASRR Level II determination and PASRR evaluation report into the resident's assessment, care planning, and transitions of care for 1 (Resident #1) of 2 residents reviewed for PASRR services. The facility failed to submit a complete and accurate request for nursing facility specialized services (NFSS) in the LTC Online Portal within 20 business days after the date of the Interdisciplinary Team meeting on 04/22/2026. This failure could place residents who have a mental health diagnosis, developmental disability, or intellectual disability at risk from not receiving specialized equipment identified by the IDT in a timely manner. Findings included: Review of Resident #1's quarterly MDS assessment dated [DATE] reflected a [AGE] year-old female who admitted to the facility on [DATE]. Resident #1 had diagnoses of: seizure disorder (recurrent, unprovoked seizures caused by abnormal electrical activity in the brain), respiratory failure (when the lungs cannot adequately exchange gases, leading to low oxygen or high carbon dioxide levels in the blood), cognitive communication deficit (a condition where a person's ability to communicate effectively is impaired due to underlying cognitive dysfunction rather than a primary language or speech problem), renal failure (when the kidneys can no longer effectively filter waste and toxins from the blood), high blood pressure, and heart failure. Review of Resident #1's comprehensive care plan dated 03/25/2026 reflected Resident #1 was PASRR positive for ID (intellectual disability). The interventions included: IDT meeting to be completed as required, notify local authority of any significant changes, notify physician and responsible party of any changes, PASRR evaluation to be completed by local authority, specialized services will be provided as determined by IDT meeting. Review of a HHSC PASRR spreadsheet titled 'IDT Meetings and NFSS Request data' dated 4/1/26-4/30/26 revealed Resident #1 was on the list for CMWC and DME services. It was indicated that the facility ADM and previous DON's electronic mail were on file for Resident #1 and they were both sent an email on 6/17/26. The follow up notes indicated that the NFSS not submitted/NF did not respond to emails. Review of email communication provided by the ADM from the HHSC PASRR unit revealed an email from 'HHSC PASRR QM PASRRQM@hhs.texas.gov' dated 6/17/26 at 3:02 PM delivered to the facility ADM and previous DON's electronic mail, titled 'PASRR NFSS Compliance Request'. The electronic mail from the PASRR unit reflected: The reason for this email is to notify you that according to our records, an Interdisciplinary Team meeting (IDT) was held and entered into the Long-Term Care Online Portal for one or more of your residents. During the IDT meeting nursing facility specialized services were recommended and agreed upon for the resident in your facility. For your facility to be compliant with the 26 Texas Administrative Code (TAC), Chapter 554, Subchapter BB, section 554.2704(i)(7), a nursing facility must initiate nursing facility specialized services within 20 business days following the date that the services are agreed (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to in the IDT meeting. Currently, your nursing facility is out of compliance as per this TAC Rule. As of today, our records show that the HHSC PASRR unit has not received a request for specialized services for the following residents: and Resident #1 was listed by means of a personalized/confidential PCSP number. Review of email communication provided by the ADM between this facility and the LIDDA reflected:The facility informed the LIDDA on 5/1/2026 that the MDSC who opened the CMWC form was no longer with the company, and the facility asked the LIDDA to clarify if Resident #1 requested a CMWC. The LIDDA responded to the facility on 5/1/2026 that Resident #1 did have a CMWC added to her plan. The facility responded to the LIDDA on 5/4/2026 that the previous MDSC did not communicate the need for a CMWC and that business day 20 was 5/1/2026. The facility apologized for asking the LIDDA how to proceed as this was her 1st PASRR experience.The LIDDA responded to the facility on 5/4/2026 confirming that they had 20 days after the IDT meeting to submit services, and that in this case, they needed to plan a meeting soon to re-start the clock. In an interview on 07/24/2026 at 10:23 PM with the MDSC, stated she had been the MDSC at the facility for about a year and half. She stated she was heavily involved in PASRR coordination at the facility. She stated that when new admissions came to the facility, the admissions director would give the MDSC names of PASRR positive residents. She stated that she attended IDT meetings, but she did not attend the 4/2/26 IDT meeting for Resident #1, the previous MDSC was present on that date, and that MDSC no longer worked at the facility. In an interview on 07/24/2026 at 10:55 PM with the ADM, stated that the MDSC who was present for Resident #1's IDT was no longer working for the company. He stated that the second MDSC or DON was responsible for ensuring deadlines were followed when personnel changes occurred. He stated that the MDSC that attended the meeting had gone on personal leave for some time, and then never returned to her role. He stated that LIDDA was responsible for putting in the online request to 'open' the IDT meeting, which would trigger the timelines for certain paperwork to be processed. He stated that when those timelines are not followed it prolongs residents from receiving elected benefits and services. Review of LTC Simple revealed a Form Completed for Resident #1 on 4/2/2026.On 4/3/2026 The system indicated has accepted IDD Specialized Services and Participation Confirmation of Initial/Annual Meeting. Review of the facility's PASRR flow chart, which was provided by the ADM when asked for a PASRR policy reflected if the NF was able to serve the individual (resident), the NF would conduct the IDT within 14 calendar days with required participants. Then the NF requests specialized services using the NFSS within 20 business days of the IDT.		